

State of New Mexico
Energy, Minerals and Natural Resources

RECEIVED

JUN 19 2009

HOBBSOCD

CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. 30-005-20140
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> Fed
6. State Oil & Gas Lease No. 2807559
7. Lease Name or Unit Agreement Name Cato San Andres Unit
8. Well Number 166
9. OGRID Number 248802
10. Pool name or Wildcat Cato, San Andres

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	7. Lease Name or Unit Agreement Name Cato San Andres Unit
2. Name of Operator Cano Petro of New Mexico, Inc.	8. Well Number 166
3. Address of Operator 801 Cherry Street, Unit 25 Suite 3200 Fort Worth, Texas 76102	9. OGRID Number 248802
4. Well Location Unit Letter <u>N</u> : <u>660</u> feet from the <u>S</u> line and <u>1980</u> feet from the <u>W</u> line Section <u>28</u> Township <u>8S</u> Range <u>30E</u> NMPM County <u>Chavez</u>	10. Pool name or Wildcat Cato, San Andres
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GR 4153	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
 PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ P AND A ☐
 CASING/CEMENT JOB ☐

OTHER: SWAB ☒

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Conducted a swab test to evaluate well.

Swab on 3/29/09 1 bbl oil and 15 bbls of water in 4 hrs with swabbing unit.

Swab on 3/30/09 1 bbl in and 15 bbls of water in 4 hrs with swabbing unit.

All water and oil was hauled to battery 1 and pump thru separator.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE [Signature] TITLE Regulatory Coordinator DATE 4/15/09

Type or print name

E-mail address:

Telephone No.

For State Use Only

APPROVED BY: [Signature] TITLE DISTRICT 1 SUPERVISOR DATE JUN 23 2009

Conditions of Approval (if any):

FOR RECORD ONLY